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Docket No. _____
ICC Office Use Only

Backbone Communications, Inc. :
:
Application for a certificate of :
local and interexchange authority :
to operate as a reseller and facilities- :
based carrier of telecommunications :
services in the whole State of Illinois. :

00-0270

APPLICATION OF BACKBONE COMMUNICATIONS, INC. FOR CERTIFICATE TO BECOME A TELECOMMUNICATIONS CARRIER

GENERAL

1. Applicant's Name(including d/b/a, if any) FEIN # 95-466-3359
Backbone Communications, Inc.
- Address: Street 1801 Century Park East, Suite 1830
- City Los Angeles State/Zip CA 90067
2. Authority Requested: (Mark all that apply) ☒ 13-403 ☒ 13-404 ☒ 13-405
3. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.
☒ Part 710 ☐ Part 735 ☒ Section 735.180 ☐ Other
4. In what area of the state does the Applicant propose to provide service?
In the whole State of Illinois
5. Please attach a sheet designating contact persons to work with Staff on the following:
 - a) issues related to processing this application

- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.

The requested information is attached at **Exhibit A.**

7. Please check type of organization?

☐ Individual ☒ XX Corporation
☐ Partnership Date corporation was formed Aug. 20, 1997
In what state? California
☐ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

The Articles of Incorporation and a copy of the application for certificate of authority to transact business in the State of Illinois are attached as **Exhibit B.** A copy of certificate of authority to transact business in Illinois will be forwarded to the Commission upon receipt by the Applicant.

9. List jurisdictions in which Applicant is offering service(s).

Applicant has applied for CLEC status in WA, CA, TX, FL, GA and NY.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ XX NO

11. Have there been any complaints against the Applicant in any other jurisdiction?

☐ YES ☒ XX NO

If YES, describe fully. _____

12. Will the Applicant keep its books and records in Illinois? ☐ YES ☒ XX NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

The Applicant requests permission pursuant to 83 Ill. Adm Code Part 250 to be granted relief from keeping its books and records in the State of Illinois. The Applicant's headquarters are located in Los Angeles, CA and it seeks permission to keep its records and books at headquarters.

MANAGERIAL

13. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

Please see biographies of Applicant's managerial and technical staff attached as **Exhibit C**.

14. List officers of Applicant.

Robert Bral, President

15. Does any officer of Applicant have an ownership or other interest in any other entity that has provided or is currently providing telecommunications services? _____ YES XX NO

If YES, list entity. _____

16. How will Applicant bill for its service(s)? Applicant will provide bills to all customers on a monthly basis. All calls and charges, and surcharges will be itemized.

17. How does Applicant propose to handle service, billing, and repair complaints?

_____ The Applicant's toll free customer service line will be staffed 24 hours a day seven days a week to assist all _____ customers with billing, repairs, and complaints. The customer would call Applicant's toll free number _____ for repair resolution. The nature of problem would be assessed by headquarter engineers. Applicant would contact the appropriate repair unit for the specific problem. _____

18. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? XX YES _____ NO

19. What telephone number(s) would a customer use to contact your company?

1 (800) 987-1111

20. What are your procedures to prevent unauthorized “slamming” of customers?

The Applicant's service provision will abide by Illinois slamming prevention laws as outlined in the Illinois Public Utilities Act, Sec. 13902. All new customers will sign the specified letter of authorization allowing the change of the service provider to take place.

21. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

X YES NO (If no, please provide an explanation.)

The Applicant pursuant to Section 710 seeks relief from the stipulations of adoption of 47 CFR 32 so that they may use their already installed Solomon billing system.

The Applicant pursuant to Section 735.180 seeks a waiver from publishing directories. The Applicant does not publish a directory or provide other similar listings of its Subscribers. However, the Applicant will arrange for Subscribers, other than Subscribers requesting non-published service, to be listed in the directories and directory assistance records of Ameritech and other incumbent local exchange carriers with which it interconnects. The

Applicant will distribute or provide for the distribution to each Subscriber, at no charge, one copy of the Ameritech white and yellow pages directory applicable to the location at which the Subscriber receives service.

22. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? XX YES _____ NO

FINANCIAL

23. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Evidence of Applicants financial qualifications as well as a Chart of Accounts that complies with GAAP are attached as **Exhibit D**.

TECHNICAL

24. Does Applicant utilize its own equipment and/or facilities? XX YES XX NO

If YES, please list: The Applicant has already collocated a Lucent CBX 500 Switch, Cisco 2511 router, and 8 port hub, 56 kilobit modem, APC Power stack 250, and DSX Cross-connect at Williams Communications' POP at 600 South Federal, Suite 600, Chicago, IL 60605. Applicant has also signed a contract to deploy a Class 4 and Class 5 switch in the State of Illinois by 4Q 2000.

If NO, which facility provider(s)'s services does Applicant use? Applicant will use UNEs from Ameritech, as well as local loops from MCI/Worldcom and/or Nextlink where feasible.

25. Please describe the nature of service to be provided (e.g., operator services, Internet, debit cards, long distance service, local service).

The Applicant intends to provide, local exchange, long distance, and data exchange services via ATM/Frame

Relay network infrastructures.

26. Will technical personnel be available at all times to assist customers with service problems? XX YES
NO

27. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? YES XX NO

YES XX NO

(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of California)
)ss
County of Los Angeles)

Robert Bral makes oath and says that he is President
(Insert here the name of affiant) (Insert the official title of the affiant)

of Backbone Communications, Inc.
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

[Signature]
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Roslyn I. Kramer
(Title of person authorized to administer oaths)

in the State and County above named, this 31st day of MARCH, 2000.

[Signature]
(Signature of person authorized to administer oath)

